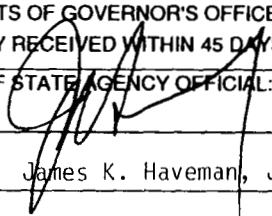
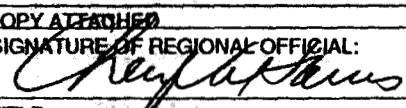


<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: <u>0 2 - 0 8</u>	2. STATE: <u>MICHIGAN</u>
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE February 1, 2002	
5. TYPE OF PLAN MATERIAL (Check One): <input checked="" type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:  42 CFR 431.11		7. FEDERAL BUDGET IMPACT: a. FFY <u>2002</u> \$ <u>-0-</u> b. FFY <u>2003</u> \$ <u>-0-</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  preprint page 7 Attachment 1.2-A pages 1 and 2; Attachment 1.2-B and Attachment 1.2-C		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  preprint page 7 Attachment 1.2-A pages 1 through 3 Attachment 1.2-B pages 1 through 3 Attachment 1.2-C	
10. SUBJECT OF AMENDMENT:  Notice of reorganization of single state agency			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Michigan Department of Community Health Federal Liaison Section 6th Floor Lewis Cass Building 320 South Walnut Street Lansing, Michigan 48913  Attn: NANCY BISHOP	
13. TYPED NAME: James K. Haveman, Jr.			
14. TITLE: Director			
15. DATE SUBMITTED: 3/28/2002			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 3/29/02		18. DATE APPROVED: 6/19/02	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 2/1/02 JHA		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Cheryl A. Harris		22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health	
23. REMARKS:			

**RECEIVED**

MAR 29 2002

DMCH - MI/MN/WI

## State of Michigan

---

Citation  
42 CFR 431.11

## 1.2 Organization for Administration

- (a) Attachment 1.2-A contains a description of the organization and functions of the Medicaid agency and an organization chart of the agency.
- (b) Within the State agency, the Health Programs Administration has been designated as the medical assistance unit. ATTACHMENT 1.2-B contains a description of the organization and functions of the medical assistance unit and an organization chart of the unit.
- (c) Attachment 1.2-C contains a description of the kinds and numbers of professional medical personnel and supporting staff used in the administration of the plan and their responsibilities.
- (d) Eligibility determinations are made by State or local staff of an agency other than the agency named in paragraph 1.1(a). Attachment 1.2-D contains a description of the staff designated to make such determinations and the functions they will perform.

— Not applicable. Only staff of the agency named in paragraph 1.1(a) make such determinations.

---

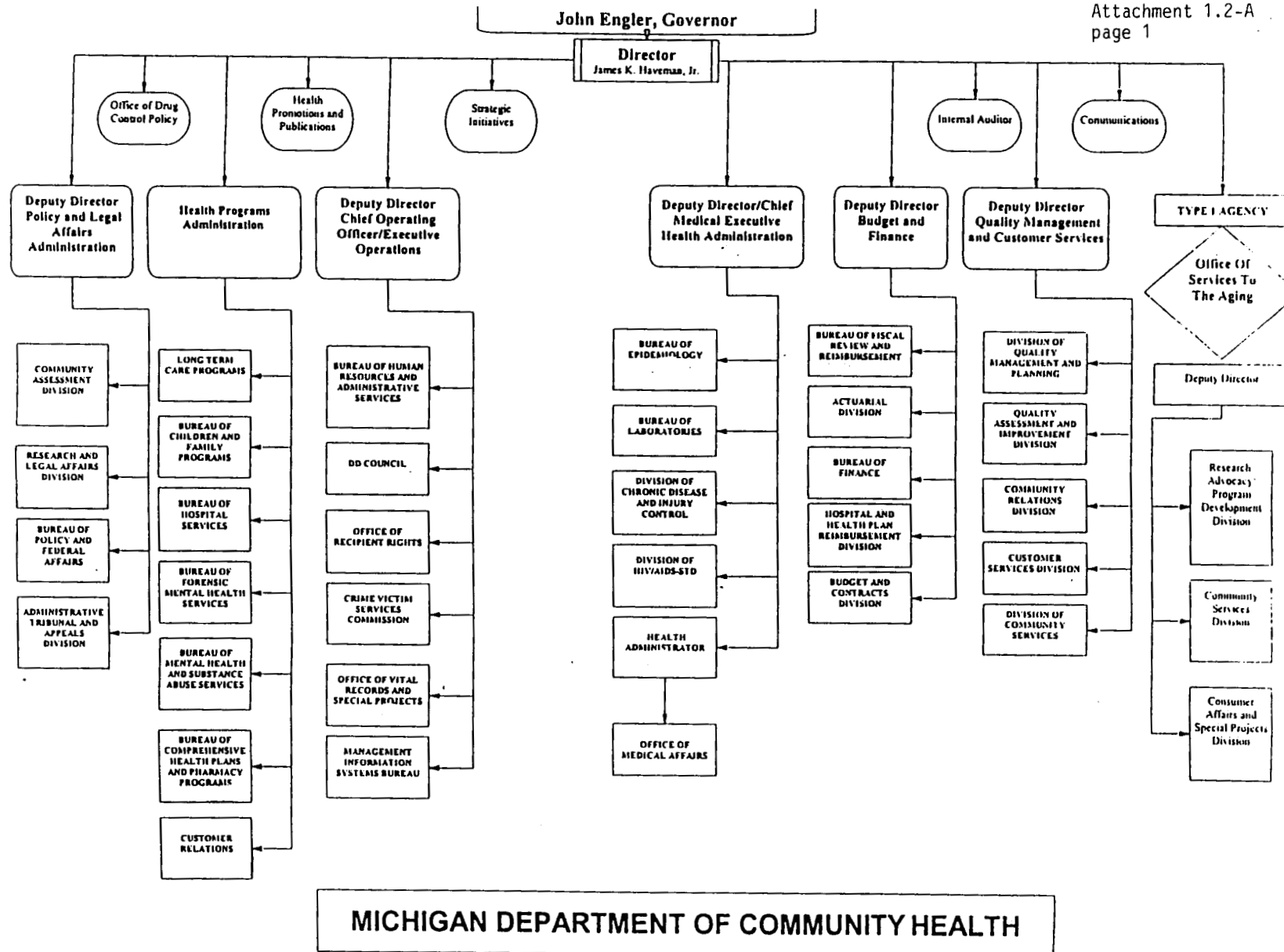
TN NO. 02-08

Approval Date \_\_\_\_\_

Effective Date 02/01/2002

Supersedes

TN No. 96-10



TN # 02-08

Supersedes TN # 96-10

Approved date \_\_\_\_\_

Effective date 02/01/2002

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**  
**State: MICHIGAN**

**ORGANIZATION FOR ADMINISTRATION**

---

The Michigan Department of Community Health is designated as the single state agency responsible for the Medical Assistance Program. A general description of the principal organizational components of the Department follows:

1. The Policy and Legal Affairs Administration has responsibility for the development and coordination of all health policy for the programs under the Department's purview, including Medicaid. In addition, the administration handles the Department's legal affairs and legislative activities.
2. The Health Programs Administration is Michigan's designated Medicaid unit with prior authorization and operational responsibility for the Medical Assistance program. This administration is supported by The Policy and Legal Affairs Administration for Medicaid policy and legal issues and The Budget and Finance Administration for fiscal issues. The Health Programs Administration also has operational responsibility for a number of other programs: Mental Health and Substance Abuse; MICHild; Children's Special Health Care Services (CSHCS); Women, Infants and Children; Long Term Care and Pharmacy. In addition, managed care contract administration, pharmacy contract administration and prior authorization services for CSHCS beneficiaries are responsibilities of this Administration.
3. The Executive Operations Administration includes an Office of Special Projects, the Office of Recipient Rights, and the Division for Vital Records and Health Statistics.
4. The Health Administration has responsibility for public health agency programs in disease and injury prevention as well as all laboratory functions. In addition, the department's medical consultant staff are in this administration.
5. The Budget and Finance Administration has responsibility for all fiscal activities within the department, including Medicaid claims processing, institutional audit and rate setting and actuarial services.
6. The Office of Quality Assurance and Customer Services has responsibility for assuring that the department's various health care programs maintain an appropriate level of quality. In addition, this area has responsibility for customer service activities and managed care enrollment.

---

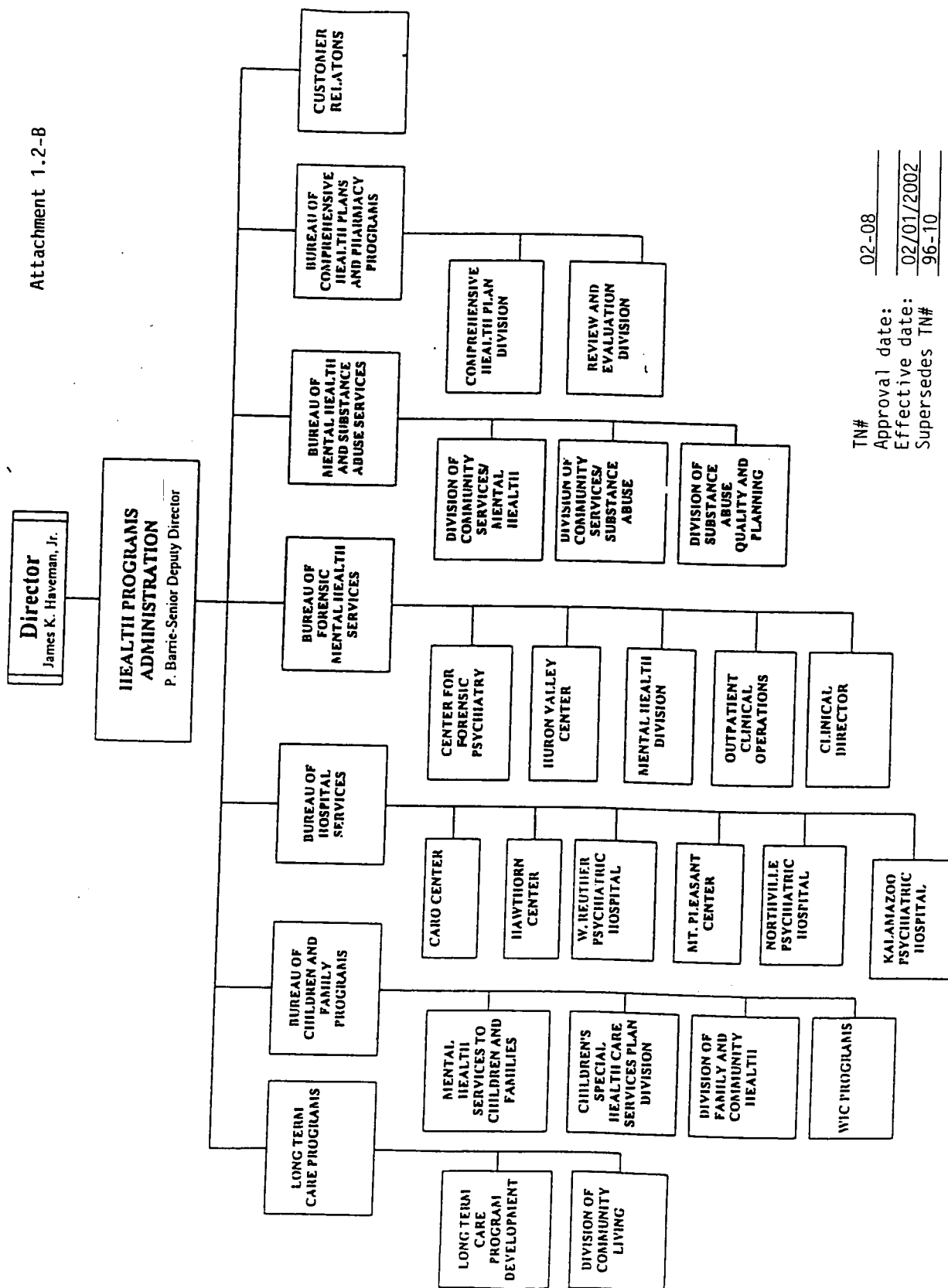
TN NO. 02-08

Approval Date \_\_\_\_\_

Effective Date 02/01/2002

Supersedes

TN No. 96-10



TN# 02-08  
Approval date: 02/01/2002  
Effective date: 96-10  
Supersedes TN#

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

**State of Michigan**

**ORGANIZATION FOR ADMINISTRATION**

---

**Skilled Professional Medical Personnel**

The Department employs 21 skilled professional medical personnel (physicians, dentists, nurses, and other specialized personnel who have professional education and training in the field of medical care or appropriate medical practice) and 3 supporting staff (secretarial, clerical, and others whose activities are directly necessary to the carrying out of the functions which are the responsibility of the skilled professional medical personnel) to administer the state's Medicaid program.

---

TN # 02-08

Approval Date: \_\_\_\_\_

Effective: 02/01/2002

Supersedes

TN # 74-2 // 1/15/73